

## TRANSMITTAL FORM

Attorney Docket No.  
JP920000184US1/3340PIn re the application of: **Seiichi KAWANO**Confirmation No: **1698**Serial No: **09/938,221**Group Art Unit: **2821**Filed: **August 23, 2001**Examiner: **Vu, Jimmy T.**For: **Brightness Controlling Apparatus, Brightness Adjusting System, Computer System, Liquid Crystal Display Unit**

## ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input checked="" type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input checked="" type="checkbox"/>	Pre-Appeal Brief
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input checked="" type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	- Pre-Appeal Brief Request for Review (PTO/SB/33)	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appin	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

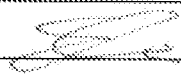
## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	6	20	0	\$ 50.00	\$ 0.00
Independent Claims	1	7	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

## METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$500.00 to Deposit Account No. 50-3533 (Lenovo, Inc.) for payment of appeal fee.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 50-3533 (Lenovo, Inc.).

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Erin C. Ming, Reg. No. 47,797
Signature	
Date	March 28, 2006

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being transmitted to Examiner Jimmy T. Vu at via the USPTO EFS-Web on **March 28, 2006**.

Type or printed name	Erin Ming
Signature	